OIPE JC53 MAY 21 2001 PATENT & TRADEMARK OFFICE

1632

OMB No. 0651-0011 (12/31/86)

AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. ENG-100D1
SERIAL NO. 09/826,025	FILING DATE April 4, 2001	EXAMINER unassigned	GROUP ART UNIT 1632
INVENTION Combination Immunogene Therapy			

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TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

(1)	(2)		(3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	* 34	MINUS	** 20	14	$ 9	$126.00	$18	$0
INDEP.	* 4	MINUS	*** 3	1	$40	$ 40.00	$80	$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					$135	$ 0.00	$270	$0
					Total addit. fee	$166.00	Total addit. fee	$0

OR

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."
*** If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."
The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- ☒ Please charge my Deposit Account No. 19-0065 in the amount of $ 166.00. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of $_____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
  - ☒ Any additional filing fees required under 37 CFR 1.16.
  - ☒ Any patent application processing fees under 37 CFR 1.17.

May 16, 2001
(date)

(signature)